

Complaint Against Licensee

- Read Complaint Form Information before completing this form.
- Fill in as many of the blanks as you possibly can.
- After completing the form, print and mail to the nearest ABC District Office or
Department of Alcoholic Beverage Control
Attention: Complaint Desk
3810 Rosin Court, Suite 150
Sacramento, CA., 95834

INFORMATION ABOUT YOU

It is not required that you give "Information About You". You may remain anonymous.

If you do give personal information, it will not be released outside of the department and will remain confidential.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Day): _____ (Evening): _____

INFORMATION ABOUT ABC LICENSED BUSINESS

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Name of Owner if known: _____

Nature of Complaint: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Disorderly House | <input type="checkbox"/> Sales After 2:00 A.M. | <input type="checkbox"/> False Owner |
| <input type="checkbox"/> Sales to Minors | <input type="checkbox"/> Drink Solicitation | <input type="checkbox"/> Excessive Noise |
| <input type="checkbox"/> Sales to Obviously Intoxicated Patron | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Illegal Drug Activities | <input type="checkbox"/> Gambling | |
| <input type="checkbox"/> Prostitution | <input type="checkbox"/> Lewd Conduct | |

Date of incident: _____ Time of incident: _____

Have you contacted the business owner regarding your complaint? Yes ☐ No ☐

Have you filed this with another law enforcement agency? Yes ☐ No ☐

If you answer yes, name of law enforcement agency: _____

Do you wish to be notified of the results of the Department's investigation? Yes ☐ No ☐

Other Details: